DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/20/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G199	A. BUILDING ______ B. WING ______	10/20/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPAIGN TERRACE	808 NORTH THIRD SAINT JOSEPH, IL 61873

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL LICENSURE SURVEY INSPECTION OF CARE INCIDENT REPORT INVESTIGATION OF 9/9/10 IL50104 - No Deficiencies	W 000		
W 323	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure annual vision screenings for 2 of 4 individuals in the sample (R2, R3). Findings include: 1. In review of the facility submitted roster that validates level of functioning dated 10/13/10, R2 functions in the severe range of mental retardation. During review of R2's record, R2's last vision exam is dated 9/24/09 with a recommendation to re - exam in two years. In review of R2's annual physical dated 5/23/10, under the section for vision, it is documented "not done." In review of the "Nursing Health Review Physical Assessment" dated 7/2010, under the section	W 323		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Danny Stephens
TITLE: NHA
(X6) DATE: 10-28-10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	14G199	A. BUILDING _____ B. WING _____	10/20/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPAIGN TERRACE	805 NORTH THIRD SAINT JOSEPH, IL 61873

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL LICENSURE SURVEY INSPECTION OF CARE INCIDENT REPORT INVESTIGATION OF 9/9/10 IL50104 - No Deficiencies	W 000		
W 323	483.460(a)(3)(l) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure annual vision screenings for 2 of 4 individuals in the sample (R2, R3). Findings Include: 1. In review of the facility submitted roster that validates level of functioning dated 10/13/10, R2 functions in the severe range of mental retardation. During review of R2's record, R2's last vision exam is dated 9/24/09 with a recommendation to re - exam in two years. In review of R2's annual physical dated 8/23/10, under the section for vision, it is documented "not done." In review of the "Nursing Health Review Physical Assessment" dated 7/2010, under the section	W 323		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tammy Stephens	N/A	10-28-10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	14G199	A. BUILDING _____ B. WING _____	10/20/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPAIGN TERRACE	808 NORTH THIRD SAINT JOSEPH, IL 61873

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 323	Continued From page 1 titled "EENT" (Eyes, Ears Nose Throat), there is no documentation of a vision screening being done. In an interview on 10/15/10 at 1:45 p.m., E1 Administrator verified that an annual vision screening was not completed. 2. In review of the facility submitted roster that validates level of functioning dated 10/13/10, R3 functions in the profound range of mental retardation. During review of R3's record, R3's last vision exam is dated 12/22/08. In review of R3's annual physical dated 8/23/10, under the section for vision, it is documented "not tested." In review of the "Nursing Health Review Physical Assessment" dated 8/2010, under the section titled "EENT", there is no documentation of a vision screening being done. In an interview on 10/15/10 at 1:45 p.m., E1 Administrator verified that an annual vision screening was not completed.	W 323		

Champaign Terrace
808 N. 3rd Street
St. Joseph, IL. 61873
Ph. (217)469-8006
Fax (217)469-2312

Provider Number: 14G199
Plan of Correction
Survey Date: 10-20-10
Survey Type: Annual Certification Survey- Fundamental
Licensure Survey
Inspection of Care Survey
Incident Report Investigation of 09-09-10

W323

It is the intent of this facility to provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.

To correct this deficiency, the facility QSP will complete a review of physical examinations for all residents residing at the facility to insure that all individuals have had an annual vision screening. Any individuals who have not had an annual vision screening will be scheduled for the next available appointment to insure that the facility is in compliance with the regulation.

To prevent future occurrences, the facility QSP will routinely review annual physical examinations to insure that all annual physical examinations include an evaluation of vision and hearing.

The facility QSP along with administrative oversight is responsible for this plan of correction.

Corrective action will be completed by 11-26-10.

ek
11/15/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G199	A. BUILDING 01 - MAIN B. WING _____	01/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPAIGN TERRACE	808 NORTH THIRD SAINT JOSEPH, IL 61873

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of Public Health. At this survey, Champaign Terrace was found in compliance with the requirements for participation in Medicaid at 42 CFR Subpart 483.470 (j), Fire Protection, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code , Chapter 33 Existing Residential Board and Care Occupancies. Building 0101 is a one-story facility without basement was determined to be of Type V(000) construction. The facility was fully sprinklered having coverage in all areas. The facility has a fire alarm system with smoke detection tied in to the fire alarm system and smoke detection in corridors and sleeping rooms. The facility has a capacity of 16 beds and had a census of 16 occupied beds at the time of the survey. The requirement at 42 CFR Subpart 483.70(j) is MET:	K 000	NO PLAN OF CORRECTION REQUIRED	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	14G220	A. BUILDING _____ B. WING _____	04/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYVIEW HOME 0035493	503 SOUTH BOURNE STREET TOLONO, IL 61880

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEOEO BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL LICENSURE SURVEY INSPECTION OF CARE INCIDENT REPORT INVESTIGATION OF 2/26/11 IL #52687 - W120	W 000		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This Standard is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Day Training site is able to meet the supervision level of 1 of 1 individuals in the facility with PICA behavior (R4). Findings include: In review of R4's 04/11 Physician's Order Sheet (POS), R4 functions in the profound range of mental retardation has additional diagnoses of Seizure Disorder, PICA, and Manic with Psychotic Features. In review of the facility's Incident Report Investigation for 2/26/11, staff noted that R4's bowel movement had 5-6 beads and a plastic object in it. In further review of the facility's investigation, a similar plastic object was noted at the day training in R4's work area.	W 120		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: QSP/NHA | (X6) DATE: 4/28/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

6001223 FAIK 04222011

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	14G220	A. BUILDING _____ B. WING _____	04/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYVIEW HOME	503 SOUTH BOURNE STREET TOLONO, IL 61880

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL LICENSURE SURVEY INSPECTION OF CARE INCIDENT REPORT INVESTIGATION OF 2/26/11 IL #52687 - W120	W 000		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This Standard is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Day Training site is able to meet the supervision level of 1 of 1 individuals in the facility with PICA behavior (R4). Findings include: In review of R4's 04/11 Physician's Order Sheet (POS), R4 functions in the profound range of mental retardation has additional diagnoses of Seizure Disorder, PICA, and Manic with Psychotic Features. In review of the facility's Incident Report Investigation for 2/26/11, staff noted that R4's bowel movement had 5-6 beads and a plastic object in it. In further review of the facility's investigation, a similar plastic object was noted at the day training in R4's work area.	W 120		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	14G220	A. BUILDING _____ B. WING _____	04/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 120	Continued From page 1 The facility's investigation further documents that some of the day training staff did not know of R4's PICA behavior and his supervision level. In an interview on 4/20/11 at 11:45 a.m., Z1 (Director of Developmental Training), verified that R4 has not returned to the day training site and stated that they were unsure if they could meet R4's supervision level. In an interview on 4/19/11 at 3:30 p.m., when asked if R4 has returned to the day training site, E1, Administrator, stated no. We are still working on the details of R4's supervision level and ensuring that the day training site can meet his supervision level.	W 120		
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This Standard is not met as evidenced by: Based on record review and interview, the facility failed to report to the Illinois Department of Public Health (IDPH) peer to peer aggression for 1 of 4 individuals in the sample (R4) and 1 individual outside the sample (R5). Findings include: 1. In review of R4's 04/11 Physician's Order Sheet (POS), R4 functions in the profound range of mental retardation has additional diagnoses of Seizure Disorder and Manic with Psychotic Features. In review of the facility's Incident Report dated 1/31/11 at 11:15 a.m., the day training report that	W 154		

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	14G220	A. BUILDING _____ B. WING _____	04/22/2011

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W 154	Continued From page 2 a peer reached over and grabbed R4's right arm, bent and twisted it behind his back and twisting his wrist from side to side. R4 was checked by the nurse and no injuries were noted to R4. In review of another Incident Report dated 2/23/11 at 12:30 P.M., the day training reported that a peer grabbed R4's wrist and was twisting it. R4 did not receive any injury. There is no evidence that these incidents were reported to IDPH. In an interview on 4/20/11 at 2:30 p.m., E1, Administrator, verified these incidents of aggression to R4 were not reported to IDPH. 2. In review of R5's 04/11 POS, R5 functions in the moderate range of mental retardation. In review of the facility's Incident Report dated 3/4/11 at 9:20 a.m., R5 was pushed into the wall by a peer. R5 was checked by the nurse and did not have any injuries. There is no evidence that this incident was reported to IDPH. In an interview on 4/20/11 at 2:30 p.m., E1, Administrator, verified this incident of aggression to R5 was not reported to IDPH.	W 154		
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This Standard is not met as evidenced by: Based on record review and interview, the facility	W 322		